

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041087

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 5 1962

317

Primary Registration District No.

54

Registrar's No.

3052

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

CLAYTON

Length of stay in 1b

Hours

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis Co. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Charles

c. CITY

OR

St. Charles

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1035 Olive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Shirley

Rose

Lockett

4. DATE OF DEATH

Month

Day

Year

October 20th

1962

5. SEX

Female

6. COLOR OR RACE

Negroid

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/11/39

9. AGE (last birthday)

23

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales clerk

10b. KIND OF BUSINESS OR INDUSTRY

Department Store

11. BIRTHPLACE (City and state or country)

St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lawrence Taylor

13b. MOTHER'S MAIDEN NAME

Anna Cooper

14. NAME OF HUSBAND OR WIFE

Lionel Bernard Lockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lionel Lockett St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Traumatic injuries

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Passenger -- 1 car accident

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

8:00

a.m.

10/20/62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

highway

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis Missouri

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at 2:40 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

10/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

10/24/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue 620 Jefferson

25. DATE RECD. BY LOCAL REG.

10-22-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

St. Charles, MO (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5789

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.